U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E	For Official Use Only REC'D 20205
	CO DRUD

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

, ,	
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Donna K Phillips	Name IUE-CWA AFL-CIO
	Labor Organization File Number 000188
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 30507 Krauter A-1	Street 501 Third Street 6th Floor
City Garden City	City Washington
State Michigan ZIP Code + 4 48135-1	State District of Columbia ZIP Code + 4 20001-2797
5. Position in labor organization. Local President	
A. Held an interest in, engaged in transactions (including loans) w	he exclusions set forth in the instructions):
Invittaly value from an employer whose employees your ora:	anization represents or is actively seeking to represent
6. Name and address of Employer (including trade name, if any).	anization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
	anization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any). Name	anization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pen	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature nalty of Perjury and other applicable penalties of the law, that all of the information or manying documents) has been examined by the signatory and is to the best of the law.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pen submitted in this report (including the information contained in any accounts).	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature nalty of Perjury and other applicable penalties of the law, that all of the information propagating documents) has been examined by the signature and is to the last of the law.

Name of Felson Fillips	rile Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with:			
Name IUE-CWA Pension Fund			
Trade Name, if any:	a. Labor Organizat	tion	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1460 Broad Street	C. Employer		
City Bloomfield			
State New Jersey ZIP Code + 4 07003-3073			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name	8/28/2004 Fund paid	d for dinner	
Trade Name, if any:	The state of the s		2041117-0220000000
rade reine, ii any.	noblemans control		энин
P.O. Box, Bldg., Room No., if any	Additional Principles of the Control		verresemmen-nesses
Street	11.b. Approximate dollar valu	e of such dealing.	\$103
City	12.a. Nature of interest held	d or income received.	Both the Collection Collection of the Collection and Collection an
State ZIP Code + 4	Control of the Contro		
	1.		
	12.b. Amount.		
	· ·		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		***
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	net noveletanane		ed men delever zero del
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	\$3.5dm; resolutions		
Street	Abdobienda milesen		ter to a factorization of the
City	**Dabaharurranga		
State ZIP Code + 4		entill transition for the first service and the	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Donna Phillips	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IUE-CWA Pension Fund		
Trade Name, if any:	a. Labor Organization	
	b. Trust	
P.O. Box, Bldg., Room No., if any	kammanyd processog	
Street 1460 Broad Street	c. Employer	
City Bloomfield		
State New Jersey ZIP Code + 4 07003-3073		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	11/20/2004 Fund paid for dinner	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	44 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.	\$72
	12.a. Nature of interest field of income received.	
		Nonemonia de presidente de la companya del companya del companya de la companya d
		Www.repoldsans.
	The state of the s	ronoenavourses
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Irophidourussa

	12.b. Amount.	And a state of the

Name of Person Filing	Donna	Phillips
-----------------------	-------	----------

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IUE-CWA Pension Fund		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1460 Broad Street	c. Employer	
City Bloomfield		
State New Jersey ZIP Code + 4 07003-3073		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	11/21/2004 Fund paid for dinner	
Trade Name, if any:		\$4000000000000000000000000000000000000
P.O. Box, Bldg., Room No., if any		Финализично
Street		вельныуулгагаараа
Ch.		2004—Avere Poleonomer
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$111
	12.a. Nature of interest held or income received.	
		er en
		may work as a constraint of the constraint of th
		Orași principal de la companie de la
	9,	Pellogenasional de la constante
		- Westernament
		vendorania (contra contra cont
	12.b. Amount.	